



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1fw

First Named

Inventor : Ravi Shrivastava

Appln. No.: 10/689,515

Group Art Unit: 1616

Filed : June 1, 2004

For : NEW SYNERGETIC COMPOSITIONS OF
VITAMINS, MINERALS AND TRACE-
ELEMENTS TO STIMULATE THE
ELIMINATION OF INTRA-CELLULAR
LIPID DEPOSITS

Examiner: E.V. Arnold


Docket No.: S112.12-0002

**PETITION FOR TWO-MONTH EXTENSION OF
TIME AND FEE**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I HEREBY CERTIFY THAT THIS PAPER IS
BEING SENT BY U.S. MAIL, FIRST CLASS,
TO THE COMMISSIONER FOR PATENTS,
P.O. BOX 1450, ALEXANDRIA, VA 22313-
1450, THIS

Sir:


11th DAY OF July
20 06

PATENT ATTORNEY

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a two-month extension of time to respond to the Office Action dated February 17, 2006. Enclosed is a check in the amount of \$225.00 to cover the fee for the extension of time. If an additional extension of time is required, please consider this a petition therefor.

The Director is authorized to charge any additional fees associated with this paper or credit any overpayment to Deposit Account No. 23-1123. A duplicate of this Petition for Extension of Time is enclosed.

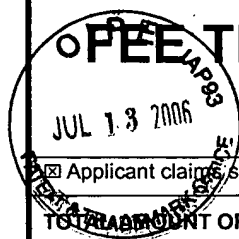
Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By: 
Z. Peter Sawicki, Reg. No. 30,214
200 Second Avenue South, Suite 1400
Minneapolis, Minnesota 55402-3319
Phone: (612) 334-3222 Fax: (612) 334-3312

ZPS:cnn

07/14/2006 RHEBRAHT 00000018 10689515 225.00 OP
01 FC:2252



OFFICE OF THE PATENT TRANSMITTAL

For FY 2005

Complete if Known

Application Number	10/689,515
Filing Date	June 1, 2004
First Named Inventor	Ravi Shrivastava
Examiner Name	1616
Art Unit	E.V. Arnold
Attorney Docket Number	S112.12-0002

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 225

METHOD OF PAYMENT (Check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (Please Identify): _____
- ☒ Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

<u>Fee Description</u>		<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>		
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent		50	25		
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent		200	100		
Multiple dependent claims		360	180		
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
0	- 20 or HP = 0 x	25	= 0	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20				180	0
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
0	- 3 or HP = 0 x	100	= 0		
HP = highest number of independent claims paid for, if greater than 3					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 =	0 / 50 =	0 (round up to a whole number) x	125

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Two-Month Extension of Time and Fee

Fee(s) Paid (\$)

225

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	30,214	Telephone: 612-334-3222
Name (Print/Type)	Peter Sawicki	Date:	July 11, 2004	